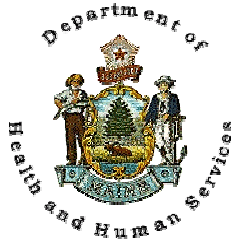


**John Elias Baldacci**  
Governor



**John R. Nicholas**  
Commissioner

**Maine Department of Health and Human Services  
11 State House Station  
Augusta, Maine 04333-0011  
Bureau of Medical Services**

October 12, 2004

**TO:** Interested Parties

**FROM:** Christine Gianopoulos, Acting Director, Bureau of Medical Services

**SUBJECT:** Adopted Rule: MaineCare Benefits Manual, Chapter II, Section 75, Vision Services

This letter gives notice of changes to MaineCare Benefits Manual, Chapter II, Section 75, Vision Services. Chapters II and III, Sections 70 and 75 have been combined into one policy entitled Vision Services that also includes the services of ophthalmologists. Policy changes include the following: Mileage is no longer reimbursed for optometrists; criteria for referrals have been clarified; a cap has been established for eyeglass frames exceeding MaineCare maximum allowable and/or for frames not provided by the Vision Care Volume Purchase Contractor, and adults not residing in an ICF-MR are limited to one routine exam every two years. Other editorial changes have been made to better reflect current policy and terminology in use by the Bureau of Medical Services. Those provisions already addressed in Chapter I, General Administrative Policies & Procedures, of the MaineCare Benefits Manual have been removed from this policy. The fee schedule for services provided under this Section is available from the Bureau of Medical Services website, at [http://www.state.me.us/bms/physician\\_codes.htm](http://www.state.me.us/bms/physician_codes.htm).

Providers may bill members for non-covered services, which include services obtained beyond limits set in policy. Providers must discuss specific limits with members, such as MaineCare only covering one routine eye exam for adults every two years. The provider must maintain written documentation signed by the member in each member's file stating that the member has been informed prior to service provision of the specified limit and has acknowledged his or her financial responsibility for the non-covered service.

The Department held a public hearing on September 15, 2004, 442 Civic Center Drive, Augusta, Maine, and accepted written comments until September 25, 2004.

Rules and related documents may be reviewed and printed from the Bureau of Medical Services website at <http://www.state.me.us/bms/rulemaking/> or, for a fee, interested parties may request a paper copy of rules by contacting Policy and Provider Services at 207-287-9368.

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

---

SECTION 75

VISION SERVICES

11/01/04

---

## Notice of Agency Rule-making Adoption

**AGENCY:** Department of Human Services, Bureau of Medical Services

**CHAPTER NUMBER AND TITLE:** Adopted Rule- MaineCare Benefits Manual, Chapter II Section 75, Vision Services.

**ADOPTED RULE NUMBER:**

**CONCISE SUMMARY:** MaineCare Benefits Manual, Chapters II and III, Sections 70 and 75 have been combined into one policy entitled Vision Services that also includes the services of ophthalmologists. Policy changes include the following: Mileage is no longer reimbursed for optometrists; criteria for referrals have been clarified; a cap has been established for eyeglass frames exceeding MaineCare maximum allowable and/or for frames not provided by the Vision Care Volume Purchase Contractor, and adults not residing in an ICF-MR are limited to one routine exam every two years. Other editorial changes have been made to better reflect current policy and terminology in use by the Bureau of Medical Services. Those provisions already addressed in Chapter I, General Administrative Policies & Procedures, of the MaineCare Benefits Manual have been removed from this Section.

See [www.state.gov/bms/rulemaking](http://www.state.gov/bms/rulemaking) for rules and related rulemaking documents.

**EFFECTIVE DATE:** November 1, 2004

**AGENCY CONTACT PERSON:** Patricia Dushuttle

**AGENCY NAME:** Division of Policy & Provider Services

**ADDRESS:** 11 State House Station  
442 Civic Center Drive  
Augusta, Maine 04333-0011

**TELEPHONE:** (207) 287-9371  
FAX (207) 287-9369  
TTY: 1-800-423-4331 or 207-287-1828 (Deaf/  
Hard of Hearing)

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10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 75	VISION SERVICES	11/01/04
------------	-----------------	----------

**TABLE OF CONTENTS**

	PAGE
75.01 <b><u>VISION SERVICE PROVIDERS</u></b> .....	1
75.02 <b><u>MEMBER ELIGIBILITY FOR COVERED SERVICES</u></b> .....	1
75.03 <b><u>COVERED SERVICES</u></b> .....	1
75.03-1 Services That May Be Provided Only by an Ophthalmologist or Optometrist.....	1
75.03-2 Services That May Be Provided by an Ophthalmologist, Optometrist or Optician .....	4
75.04 <b><u>VISION SERVICE PROVIDER REQUIREMENTS</u></b> .....	7
75.04-1 Chapter I Requirements .....	7
75.04-2 Vision Care Volume Purchase Contractor.....	7
75.04-3 Professional Consultation-Optometrists and Ophthalmologist.....	9
75.04-4 Procedure to Request Prior Authorization .....	9
75.05 <b><u>NON COVERED SERVICES</u></b> .....	12
75.06 <b><u>CO-PAYMENT</u></b> .....	12
75.06-1 Co-payment Amount .....	12
75.06-2 Member Responsibility.....	13
75.07 <b><u>REIMBURSEMENT &amp; BILLING</u></b> .....	13
75.07-1 Reimbursement.....	13
75.07-2 Billing .....	14

**75.01 VISION SERVICE PROVIDERS**

The provider of vision services may be an ophthalmologist, optometrist or optician. Providers of vision services reimbursed under Section 90, Physician Services, must also provide services following the requirements and standards set forth in this Section.

All providers must function within the scope of their current license to practice in the state or province in which services are provided.

**75.02 MEMBER ELIGIBILITY FOR COVERED SERVICES**

MaineCare members are eligible for medically necessary vision services as long as they are enrolled in MaineCare.

If a member loses his/her MaineCare eligibility, MaineCare will pay for eyeglasses if the provider requested and received approval for eyeglasses and laboratory services while the member was enrolled in MaineCare. Providers must indicate on the claim the date the eyeglasses were ordered. The Vision Care Volume Purchase Contractor will bill the provider at the Contractor's usual and customary charge for any orders submitted for an ineligible individual.

**75.03 COVERED SERVICES**

MaineCare reimburses for some services differently for members based on age or residence in an ICF-MR. Only an ophthalmologist or optometrist may provide services described in Section 75.03-1.

75.03-1 Services That May be Provided Only by an Ophthalmologist or Optometrist

Only an ophthalmologist or optometrist may provide the following services:

A. Eye Exams

For members under age twenty-one (21), MaineCare will pay for one annual routine eye exam. For members ages twenty-one (21) and over who reside in an ICF-MR, MaineCare will pay for one annual routine eye exam. For members ages twenty-one (21) and over, MaineCare will pay for only one routine eye exam every two (2) years.

1. Eye Examination, Brief - Limited - Minimal

A brief eye examination is a limited or minimal level of service for which evaluation and detection require only a brief history and examination.

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 75

VISION SERVICES

11/01/04

**75.03 COVERED SERVICES (cont.)**

Example: A patient visit of 5 to 15 minutes required to evaluate a problem, to re-evaluate a prior problem or abnormality, or for further testing and evaluation of an existing chronic concern.

2. Eye Examination, Intermediate - Extended

An intermediate eye examination is a level of service more extensive than that of a follow-up, substantiated by documentation noting change and/or complication necessitating evaluation and detection of an otherwise stable condition.

3. Eye Examination - Comprehensive

A comprehensive eye examination is a level of service involving an in-depth evaluation of a member with a new or existing problem requiring the development or complete re-evaluation of data.

Example: The examination of the eye and related structures to ascertain defects or abnormalities, to detect the presence of eye diseases, to determine the refractive and accommodative states of the eyes, and to evaluate the visual functions. The eye examination includes a diagnostic history, visual acuity determination, testing for refraction, muscle balance and accommodative function, ophthalmoscopy and biomicroscopy. Tonometry and gross visual field testing should be included when indicated. Other tests may be included as required as long as they fall within the scope of licensure for optometry.

4. Exam Referral Restrictions

An ophthalmologist or optometrist who has provided an eye exam for a member may not refer that member to another vision service provider for the sole purpose of obtaining eyeglasses through the Vision Care Volume Purchase Contractor.

B. Other Studies

Other studies limited to tonography, gonioscopy, fundus photography, anterior segment photography and mydriatic and cycloplegic examinations are covered services.

**75.03 COVERED SERVICES (cont.)**

**C. Visual Field Testing**

The following are covered visual field testing services:

**1. Limited Visual Field Testing**

Limited visual field testing is screening of the central and/or peripheral visual field, utilizing automatic or semi-automatic methods and devices providing printed record(s) of the visual field. Confrontation or finger fields and Harrington-Flocks type screeners do not by themselves constitute a screening of the visual field.

**2. Intermediate and Extended Visual Field Testing**

Intermediate and extended visual field testing is testing of the central and/or peripheral visual fields, utilizing automatic or semi-automatic methods and instruments for the detection of diseases of the visual system, such as glaucoma, retinal detachment, and/or neurological disease.

**3. The following requirements apply:**

- a. There is no minimum age requirement as long as the member is mature enough to respond adequately and correctly, and provide a valid response.
- b. Only one baseline screening field may be justified if the member is under the age of twenty-one (21).
- c. Repetition of screening field is permitted only when it is medically necessary. In the typical case, this procedure would need to be repeated only every three to five years.

**D. Refraction**

The refraction test is an eye exam that measures a person's ability to see an object at specific distances.

**E. Corrective Treatment**

Corrective treatment is the use of brief, easily explained and performed home orthoptic therapy or other corrective procedures to preserve, restore, or improve vision or visual functioning. Also, corrective treatments

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 75

VISION SERVICES

11/01/04

**75.03 COVERED SERVICES (cont.)**

include the correction of improper visual habits and/or ocular hygiene through discussion or demonstration.

F. Orthoptic Therapy/Visual Training

Orthoptic therapy/visual training is the utilization of in-office methods and devices to improve accommodative, heterophoric, or heterotropic conditions.

Providers must request and receive prior authorization from the MaineCare Authorization Unit for Orthoptic Therapy/Visual Training services.

G. Contact Lenses

1. Members Under Age 21

For members under age 21, MaineCare covers contact lenses only for treatment of ocular pathology, or for cases in which visual acuity is not correctable to 20/70 with ophthalmic lenses, but can be improved to 20/70 or better with contact lenses. MaineCare covers initial contact lens(es) and one replacement lens per eye per year.

Providers must request and receive prior authorization from the MaineCare Authorization Unit for contact lenses.

2. Members Ages 21 and Over

MaineCare does not cover contact lenses for members ages twenty-one (21) and over.

75.03-2 Services That May be Provided by An Ophthalmologist, Optometrist or Optician

MaineCare covers the following services when provided by an ophthalmologist, optometrist or optician:

- A. Prosthetics, including artificial eyes and replacing the lens of an eye.
- B. Eyeglasses. Eyeglasses are defined as lenses, frames and associated parts and cases. The Contractor will fill prescriptions in minus cylinder form only.

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 75

VISION SERVICES

11/01/04

**75.03 COVERED SERVICES (cont.)**

1. Members Ages 21 and Over

For members ages 21 and over, MaineCare will pay for one pair of eyeglasses per lifetime when the power is equal to or greater than 10.00 diopters.

2. Members Under Age 21

For members under age 21, MaineCare will pay for eyeglasses when the refractive error in at least one eye meets at least one of the following definitions:

- a. Hyperopia: +1.25 diopter or over
- b. Myopia: -0.75 diopter or over
- c. Astigmatism: -0.50 diopter or over

Providers must request and receive prior authorization from the MaineCare Authorization Unit for cases where the refractive error is below the criteria set forth above. The Prior Authorization Unit will require written justification of the medical necessity in such cases.

3. Dispensing

The dispensing process, once initiated, must include: initial fitting, selection, adjustment, and processing of the prescription order prior to manufacture; inspection and verification of the completed order; bending and adjusting of eyeglasses and lenses at the time of dispensing; and additional adjusting as required for best visual use and continued comfort.

MaineCare providers may not impose an extra charge for adjusting and fitting of eyeglasses made after the initial dispensing process regardless of who has dispensed the eyeglasses.

MaineCare providers may not refuse to fill a prescription for eyeglasses if the member presents the provider with a valid, current prescription for eyeglasses from an ophthalmologist or optometrist, unless it is standard practice for the provider to refuse to do so for non-MaineCare members as well. Additionally, MaineCare providers may not require that the member submit to another eye exam in order to fill a prescription if the member presents the provider with a valid, current prescription for eyeglasses from an ophthalmologist or optometrist.



**75.03 COVERED SERVICES (cont.)**

**4. Lenses and Frames**

- a. Providers must order lenses, frames, and frame parts through the Department's designated Vision Care Volume Purchase Contractor (the Contractor).

Providers must request and receive prior authorization from the MaineCare Authorization Unit for tinted lenses, transition lenses or photochromic lenses.

- b. If the frame has been damaged, MaineCare will pay for a frame of identical style if the lenses are still serviceable. If an identical frame is not available or a change in size is required, MaineCare will cover the cost of a new frame and lenses.

Members have the option to have replacement lenses fitted into their existing frame, with the exception of oversize lenses as noted in Section 75.05.

- c. Providers must request and receive prior authorization from the MaineCare Authorization Unit for frames and/or lenses that cost more than the MaineCare maximum allowance and/or for medically necessary frames and or lenses that cannot be provided by the Contractor. Providers must supply clinical documentation indicating medical necessity, e.g., allergy to materials used by Contractor. MaineCare will reimburse providers at the wholesale cost, not to exceed \$70.00 per frame. MaineCare will pay no part of the cost of eyeglasses unless prior authorization is obtained from the MaineCare Authorization Unit.

**5. Repair Options**

Members may choose from three options for the repair of covered eyeglasses:

- a. The provider sends the eyeglasses to the Contractor for repair. The Contractor bills the Department for any parts and repair. The Contractor is responsible for furnishing postage-paid mailers to MaineCare providers for use in returning materials to the Contractor; or

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 75

VISION SERVICES

11/01/04

**75.03 COVERED SERVICES (cont.)**

- b. The provider orders any necessary parts from the Contractor. The Contractor bills the Department for any parts. The provider bills the Department for the repair only; or
- c. The provider orders any necessary part(s) for covered eyeglasses from its usual and customary supplier and pays that supplier. The provider bills the member for any parts and bills MaineCare for the repair.

**C. Low-Vision Aids**

MaineCare pays for low-vision aids only when best correctable vision of 20/70 or poorer can be improved to a more useful level for specific visual tasks. Examples include, but are not limited to: telescopic compound lens system, hand-held magnifiers.

Providers must request and receive prior authorization from the MaineCare Authorization Unit for low-vision aids.

**75.04 VISION SERVICE PROVIDER REQUIREMENTS**

**75.04-1 Chapter I Requirements**

Vision service providers must comply with all provisions of Chapter I, Section 1, General Administrative Policies and Procedures, of the MaineCare Benefits Manual.

**75.04-2 Vision Care Volume Purchase Contractor**

**A. Sole Supplier**

Vision service providers must use MaineCare's designated Vision Care Volume Purchase Contractor (the Contractor) as the sole supplier of all eyeglasses for MaineCare members with no Medicare or other third party coverage, except as noted in Section 75.04-4(D). This includes lenses, frames, associated parts and cases.

For those contract services/articles that require prior authorization, the provider must request prior authorization from the MaineCare Prior Authorization Unit before placing an order with the Contractor. If the request is approved, the MaineCare Authorization Unit will send written notification to both the provider and the Contractor.

**75.04 VISION SERVICE PROVIDER REQUIREMENTS (cont.)**

The Contractor will not fill any provider orders without receiving notice of approval and a prior authorization number from the MaineCare Authorization Unit.

If a MaineCare member has coverage for eyeglasses from Medicare or any other third party, the provider must follow his/her customary practice for the acquisition of these items rather than the above rules relating to acquisition from the Contractor. If these items are to be covered by MaineCare only, however, then they must be acquired in accordance with the above rules relating to acquisitions from the Contractor.

**B. Vision Care Volume Purchase Warranty**

1. The Contractor must warrantee all articles purchased under the Vision Care Volume Purchase Contract for a minimum of one (1) year after delivery to the member. If the dispensing provider finds any article supplied under the contract to be unsatisfactory due to defective materials or workmanship, the provider may return the article to the Contractor and the Contractor will correct, adjust or replace the defective article at the Contractor's expense for a period of up to one year after delivery to the member. The provider's determination of the need for a repair/replacement is sufficient justification for the Contractor to replace materials.

Such defects or errors may include but are not limited to:

- a. Lenses that are broken, scratched, or chipped at the time of receipt by the provider; or
- b. Lenses that deviate from the provider's prescriptions beyond the deviation standards permitted by the ANSI X80 Committee on Ophthalmic Standards.

The provider must return such articles to the Contractor. The Contractor must mail corrected or replacement articles to the provider within seven (7) working days of receipt of the unsatisfactory materials.

2. The provider must honor and enforce any express manufacturer warranties in excess of one (1) year.

**75.04 VISION SERVICE PROVIDER REQUIREMENTS (cont.)**

C. Responsibility for Materials Lost in Transit

The sender (either the Contractor or the provider) must replace materials lost in transit, at no charge to MaineCare or the MaineCare member. However, for materials being returned by the provider due to Contractor error, the Contractor must replace materials lost in transit.

74.04-3 Professional Consultation – Ophthalmologists and Optometrists

- A. When an ophthalmologist or optometrist detects signs of a treatable disease, he/she may arrange a medical consultation between an appropriate physician or specialist and the MaineCare member. MaineCare will reimburse the consulted professional for his/her consulting services.

MaineCare members participating in managed care need a referral from their primary care provider for any consultations as required by the managed care rules published in the MaineCare Benefits Manual, Chapter VI, Section 1, Primary Care Case Management.

- B. The referring ophthalmologist or optometrist is not permitted to receive compensation from MaineCare or from the consultant for setting up the consultation.
- C. When a consultation has been arranged, any invoice submitted by the ophthalmologist or optometrist or the consultant must indicate that a consulting relationship has been established.

75.04-4 Procedure to Request Prior Authorization

Vision service providers must submit a written request for prior authorization to the MaineCare Authorization Unit for certain services/articles described in this Section. The Vision Care Volume Purchase Contractor will not fill any orders for those contract services/articles that require prior authorization without approval and a prior authorization number from the MaineCare Authorization Unit.

In addition to the provisions described in the MaineCare Benefits Manual, Chapter I, Section 1, General Administrative Policies and Procedures, regarding prior authorization, providers must comply also with the requirements described below.

For all requests, providers must include the member's name, ID number, and birthdate.

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

---

SECTION 75

VISION SERVICES

11/01/04

---

**75.04 VISION SERVICE PROVIDER REQUIREMENTS (cont.)**

- A. For contact lenses, low vision aids, or eyeglasses for members under age twenty-one (21) when the refractive error does not meet the criteria in 75.03-2(B)(2), providers must supply:
  - 1. Pertinent history;
  - 2. Visual acuity with and without correction;
  - 3. Refractive error;
  - 4. Status of fusion;
  - 5. Keratometric readings for contact lens(es);
  - 6. Diagnoses; and
  - 7. Specific plan of treatment, including materials specifications for contact lenses or low vision aids.
- B. For orthoptic therapy services, providers must supply:
  - 1. Diagnoses;
  - 2. Reasons for recommended orthoptic therapy and expected results;
  - 3. Visual acuity with and without correction;
  - 4. Status of fusion;
  - 5. Refractive error;
  - 6. Measurement of deviation at distance and/or near, with and without correction, and the method of measurement;
  - 7. Specific plan of treatment;
  - 8. Length of time the therapy is to be continued;
  - 9. Possibility of arranging for device for training at home; and
  - 10. Cost of the recommended therapy.

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 75

VISION SERVICES

11/01/04

**75.04 VISION SERVICE PROVIDER REQUIREMENTS**

- C. For tinted lenses, a statement from an ophthalmologist or optometrist must be submitted indicating that the member has a valid complaint of photophobia. MaineCare reserves the right to require additional clinical documentation of the member's photophobia.

For members ages twenty-one (21) and over, MaineCare will authorize tinted lenses, transition lenses or photochromic lenses only if the member's prescription is equal to or greater than 10.00 diopters.

For members under age twenty-one (21), MaineCare will authorize tinted lenses, transition lenses or photochromic lenses as long as the member's prescription meets the criteria in 75.03-2(B)(2), and medical justification is documented in a written request for prior authorization.

- D. For frames and/or lenses that cost more than the MaineCare maximum allowance and/or for medically necessary frames and or lenses that cannot be provided by the Contractor, providers must supply clinical documentation indicating medical necessity, e. g., allergy to materials used by Contractor. MaineCare will reimburse providers at the wholesale cost, not to exceed \$70.00/set of frames.
- E. Providers must mail prior authorization requests to:
- MaineCare Authorization Unit  
Bureau of Medical Services  
Department of Human Services  
11 State House Station  
Augusta, Maine 04333-0011
- F. The MaineCare Authorization Unit will send written notification indicating approval or disapproval to the provider. The MaineCare Authorization Unit will send approval and a prior authorization number to the Vision Care Volume Care Contractor if appropriate. If the request is approved, the provider must write the prior authorization number on the invoice.

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 75

VISION SERVICES

11/01/04

**75.05 NON-COVERED SERVICES**

MaineCare will not reimburse providers for the following:

- A. Contact lenses for members ages twenty-one (21) and over.
- B. Cosmetic contact lenses such as colored or tinted contact lenses and/or contact lenses for cosmetic reasons alone.
- C. Eyeglasses for members ages twenty-one (21) and over, except for one pair per lifetime and only for eyeglasses of power equal to or greater than 10.00 diopters.
- D. Provision and repair of oversize lenses, fashion frames, fashion tints or other ophthalmic supplies that serve only a cosmetic purpose.
- E. Tinted lenses, transition lenses or photochromic lenses for members ages twenty-one (21) and over whose prescription is less than 10.00 diopters or does not have a diagnosis of photophobia.
- F. Covered eyeglasses or replacement parts obtained through any lab other than the Vision Care Volume Purchase Contractor except as noted in Section 75.04-4(D).
- G. New examinations where a MaineCare member is merely requesting that a current eyewear prescription be filled through the Vision Care Volume Purchase Contractor.
- H. Sample kits available to providers through the Vision Care Volume Purchase Contractor.
- I. MaineCare reimburses ophthalmologists performing cataract surgery a rate including both surgery and follow-up care following the surgery. If follow-up care is provided by an optometrist, that visit may not be billed additionally to MaineCare.

**75.06 CO-PAYMENT**

Co-payment exemptions and procedures for dispute resolution are described in Chapter I, Section 1, General Administrative Policies and Procedures, of the MaineCare Benefits Manual.

**75.06-1 Co-payment Amount**

MaineCare members are responsible for paying co-payments for vision services. The co-payment amount is based on the amount MaineCare pays for the services as indicated in the chart below.

10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

SECTION 75

VISION SERVICES

11/01/04

**75.06 CO-PAYMENT (cont.)**

MaineCare Payment for Services	Member Co-payment (Optometrist)	Member Co-payment (Optician)
\$10.00 or less	\$ .50	\$ .50
\$10.01 - 25.00	\$1.00	\$1.00
\$25.01 - 50.00	\$2.00	\$2.00
\$50.01 or more	\$3.00	\$3.00

**75.06-2 Member Responsibility**

Co-payment for members may not exceed \$2.00 per day or \$20.00 per month for services provided by an optician or \$3.00 per day or \$30.00 per month for services provided by an optometrist. After the cap has been reached, the member will not be required to make additional co-payments and the provider will receive full MaineCare reimbursement for covered services.

**75.07 REIMBURSEMENT & BILLING**

**75.07-1 Reimbursement**

The provider must accept as payment in full the amounts established by MaineCare for covered services. Therefore, in accordance with State and federal laws, providers cannot charge a member an amount in addition to the payment received, or to be received, from MaineCare for a covered service.

Reimbursement for covered services will be the lowest of the following:

- A. The maximum MaineCare amount published at least annually and made available to providers on the BMS website; or
- B. The lowest amount allowed by the Medicare Part B carrier; or
- C. The provider's usual and customary charge.

In accordance with Chapter I, the provider must ascertain from each member whether there are any other resources (e.g., private or group insurance benefits, worker's compensation,) that are available for payment of the rendered service, and must seek payment from such resources prior to billing MaineCare.



10-144 CH. 101  
MAINECARE BENEFITS MANUAL  
CHAPTER II

---

SECTION 75	VISION SERVICES	11/01/04
------------	-----------------	----------

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**75.07 REIMBURSEMENT & BILLING (cont.)**

If a MaineCare member has coverage for eyeglasses from Medicare or any other third party, the provider must follow his/her customary practice for the acquisition of these items rather than the above rules relating to acquisition from the Vision Care Volume Purchase Contractor. If these items are to be covered by MaineCare only, however, then they must be acquired in accordance with the above rules relating to acquisitions from the Contractor.

75.07-2 Billing

Providers must bill in accordance with the Department's billing requirements. The Department may require accordance with specific billing instructions including use of the HCFA-1500 claim form. Providers must bill using the allowances for vision services listed by procedure code on the BMS website.